

Case Number:	CM13-0053920		
Date Assigned:	12/30/2013	Date of Injury:	07/29/2010
Decision Date:	05/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Practice, has a subspecialty in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The 46 year old male claimant sustained a work injury on 7/29/10 resulting in a back injury. He had L5-S1 foraminal stenosis and L4-L5 facet hypertrophy. He had undergone a laminectomy for which he suffered from a post-laminectomy syndrome. He had been on Norco, Lodine and Neurontin for pain. He had additional diagnoses of sleep apnea, dyslipidemia, migraines and left elbow lateral epicondylitis. He had suffered from sleep dysfunction secondary to sleep apnea. He had used a CPAP and Benadryl to assist in sleeping. A request was made for Trazadone 50 mg at night # 60 in October 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trazodone 50mg po QHS, # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Trazodone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines ODG, Pain Chapter, Insomnia Treatment.

Decision rationale: Sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia (Buscemi, 2007) (Morin, 2007), but they may be an option in patients with coexisting depression. (Morin, 2007). In this case, there is no evidence of depression. There is no documentation of prior response to use. There is weak evidence for its use in conjunction with apnea. As a result, Trazodone is not medically necessary.